

CLAIMS ONLY							Application Number <div style="font-size: 24pt; font-family: cursive;">101808477</div>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1	/	/					51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
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48							98		
49							99		
50							100		
Total Indep	3						Total Indep		
Total Depend	10						Total Depend		

101808477

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	10					
Total Claims	13					

may be used for additional claims or amendments

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						